

12-07-01

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1064
12/04/01
U.S. PTO

PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 22-0144

First Inventor or Application Identifier Stuart T. Linsky

Title See 1 in Addendum

Express Mail Label No. EF238909365US

PTO
12/04/01

12/04/01

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. Specification [Total Pages 35]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. Drawing(s) (35 U.S.C. 113) [Total Sheets 6]
4. Oath or Declaration [Total Pages 1]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
 - i. DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

NOTE FOR ITEMS 1 & 13 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT, IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

 Continuation Divisional Continuation-in-part (CIP)

of prior application No: _____ / _____

Prior application information: Examiner _____

Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label

30050

or Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name			
Address			
City	State	Zip Code	
Country	Telephone		Fax

Name (Print/Type) Noel F. Heal

Registration No. (Attorney/Agent)

26,074

Signature

Noel F. Heal

Date 12/04/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Attachment to PTO/SB/05 (4/98) Utility Patent Application
Transmittal

1. MULTI-PASS PHASE TRACKING LOOP WITH REWIND OF CURRENT WAVEFORM IN DIGITAL COMMUNICATION SYSTEMS

12/04/01
1064 U.S. PTO

PTO/SB/17 (12/99)

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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$848.00)

Complete if Known

Application Number	
Filing Date	December 4, 2001
First Named Inventor	Stuart T. Linsky
Examiner Name	Unassigned
Group / Art Unit	N/A
Attorney Docket No.	22-0144

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 20-1515

Deposit Account Name TRW Inc.

Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee	Fee	Fee	Fee Description	Fee Paid
105	130	205	65		Surcharge - late filing fee or oath	0.00
127	50	227	25		Surcharge - late provisional filing fee or cover sheet.	0.00
139	130	139	130		Non-English specification	0.00
147	2,520	147	2,520		For filing a request for reexamination	0.00
112	920*	112	920*		Requesting publication of SIR prior to Examiner action	0.00
113	1,840*	113	1,840*		Requesting publication of SIR after Examiner action	0.00
115	110	215	55		Extension for reply within first month	0.00
116	380	216	190		Extension for reply within second month	0.00
117	870	217	435		Extension for reply within third month	0.00
118	1,360	218	680		Extension for reply within fourth month	0.00
128	1,850	228	925		Extension for reply within fifth month	0.00
119	300	219	150		Notice of Appeal	0.00
120	300	220	150		Filing a brief in support of an appeal	0.00
121	260	221	130		Request for oral hearing	0.00
138	1,510	138	1,510		Petition to institute a public use proceeding	0.00
140	110	240	55		Petition to revive - unavoidable	0.00
141	1,210	241	605		Petition to revive - unintentional	0.00
142	1,210	242	605		Utility issue fee (or reissue)	0.00
143	430	243	215		Design issue fee	0.00
144	580	244	290		Plant issue fee	0.00
122	130	122	130		Petitions to the Commissioner	0.00
123	50	123	50		Petitions related to provisional applications	0.00
126	240	126	240		Submission of Information Disclosure Stmt	0.00
581	40	581	40		Recording each patent assignment per property (times number of properties)	0.00
146	690	246	345		Filing a submission after final rejection (37 CFR § 1.129(a))	0.00
149	690	249	345		For each additional invention to be examined (37 CFR § 1.129(b))	0.00
Other fee (specify)						0.00
Other fee (specify)						0.00
				SUBTOTAL (3) (\$0.00)		

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$0.00)

SUBMITTED BY

Name (Print/Type)	Noel F. Heal	Registration No. (Attorney/Agent)	26,074	Telephone	310-812-4910
Signature	<i>Noel F. Heal</i>				Date 12/04/01

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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